



Town of Acton
Department of Public Health
472 Main Street, Acton, MA 01720
Phone: (978) 929-6632 Fax: (978) 929-6340
www.acton-ma.gov

ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: Central Street Gas Date 7/21/2015
Address: 68 Central Street
Type of Business: Oil Company
Telephone: 978-263-4388 Email: Njcook@concordoilcompany.com
Contact Person: Sandra Lusby Initial Inspection ☒ Re-Inspection ☐

| Housekeeping: | Y | N | Comments |
|--|-------------------------------------|-------------------------------------|---------------------|
| Area clean | <input checked="" type="checkbox"/> | | |
| Spills present | | <input checked="" type="checkbox"/> | |
| Appropriate material storage | <input checked="" type="checkbox"/> | | |
| Materials and wastes separate | <input checked="" type="checkbox"/> | | |
| Cleanup materials available | <input checked="" type="checkbox"/> | | |
| Materials have secondary containment | <input checked="" type="checkbox"/> | | |
| Materials and wastes are labeled | <input checked="" type="checkbox"/> | | |
| Safety: | | | |
| Are MSDS sheets available on site | <input checked="" type="checkbox"/> | | |
| Employee personal protective equipment on site | <input checked="" type="checkbox"/> | | |
| Employees trained in Haz Mat handling | <input checked="" type="checkbox"/> | | |
| Emergency procedures posted | <input checked="" type="checkbox"/> | | |
| Site Management: | | | |
| Waste removed by licensed hauler | <input checked="" type="checkbox"/> | | Same as Concord Oil |
| Floor drains present in area of Haz Mat or waste | | <input checked="" type="checkbox"/> | |
| Sinks present in area of Haz Mat or waste | | <input checked="" type="checkbox"/> | |
| Testing of septic system necessary | | <input checked="" type="checkbox"/> | |
| Does site plan on file reflect current arrangement | <input checked="" type="checkbox"/> | | |
| Any UST (underground storage tank) present | | <input checked="" type="checkbox"/> | |
| If UST present, is it alarmed | | <input checked="" type="checkbox"/> | |

Action Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Re-inspection required? Yes ☐ No ☒

Inspector Signature

Date

Re-inspection Date: _____

Facility Representative Signature

Date